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Nursing News: May 2011

St. Cloud Hospital

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Patient Care News

May 2011

Volume 32, Issue 5

St. Cloud Hospital, 1406 6th Avenue, St. Cloud, MN 56303

www.centracare.com

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Happy Nurses Week 2011



As I sat down at my office table to write my annual letter for Nurses Week, I had to push several books aside that I had recently purchased. Their titles resonate with priorities we are facing:

From the Institute of Medicine and Robert Wood Johnson Foundation: The Future of Nursing – Leading Change, Advancing Health; The HCAHPS Handbook – Hardwire Your Hospital for the Pay-for-Performance Success from The Quint Studer Group; The Nurse Leader Handbook, The Art and Science of Nurse Leadership by The Studer Group; Our Image, Our Choice – Perspectives on Shaping, Empowering and Elevating the Nursing Profession authored by Cohen, RN and Bartholomew, RN and last but not least a book by David Marx (father of Just Culture) – Whack a Mole – The Price we Pay for Expecting Perfection. They are still on my table because I have not finished reading them all. I've sampled each one – they will be worth my time!

Health care reform is here to stay. All the “rules and regulations” are not finalized yet, but we know this for sure – quality, patient satisfaction and cost reduction will be paramount in all we do.

Another thing that is certain; we will continue to dedicate ourselves to our Mission and Care Above All. Our nursing staff published in nursing journals, participated in national research studies, continued work in evidenced based practice initiatives, attended and presented at national conferences, increased numbers of certified nurses, served as faculty for area health care nursing programs. Nurses have played an integral role in the development and implementation of significant patient care protocols; skin, falls, glucose control, VAPs, sepsis, and delirium. We have managed greater volumes and increased acuity. Our patient satisfaction scores have hit a plateau and that has caused us concern. We have committed to Care Above All through our Superior Patient Experience efforts of Customer Service, Quality and Safety and Patient/Family Centered Care.

As nursing professionals, we are eagerly awaiting the debut of our new St. Cloud Hospital Nursing Professional Practice Model that describes how registered nurses practice, collaborate, communicate, and develop professionally. It defines what is important to RNs and drives current and future nursing practice at St. Cloud Hospital.

By defining the components of the St. Cloud Hospital PPM, the foundation of professional nursing practice is described. The framework of our PPM guides the nursing strategic plan, identifying clear goals and expectations for all professional RNs.

To support these efforts we have revised our case management structure, evaluated and changed our care model in several areas, continued to support education, certification and made significant changes to our education preparation goal.

On May 4, 2011 a new video to replace Renee's Story will be debuted. The Compass: St. Cloud Hospital's Nursing Professional Practice Model.

The year ahead will challenge our most critical thinking and decision making skills. We must implement our new care model. Our continuum will include post acute care as we move to a bundled payment structure. Our revenues will be ever more impacted by pay for performance and maintaining patient volumes. Expenses must be reduced to counter the changes in reimbursement we know are coming from the State and National levels. This is a time for nursing to lead the effort. We have the ability to significantly impact both sides of the financial equation and we need to look at this as an opportunity to be proactive rather than reactive. Our Magnet re-designation preparation is a priority. We have worked hard to design a new patient tower. It will be exciting to see if become a reality.

I commend you on your commitment to our patients and Care Above All for our patients and staff.

Happy Nurses Week!!!!

Linda Chmielewski, MS, RN, NEA-BC
Vice President, Hospital Operations/CNO

Celebrate National Nurses Week

May 2-6

Monday, May 2

- Blessing of Hands ceremony
9 a.m., St. Cloud Hospital Chapel
- Poster display, C Lobby

Tuesday, May 3

- Family Feud Play-Offs
8 a.m., 10 a.m., 2 p.m., 4 p.m., Hoppe Auditorium

Wednesday, May 4

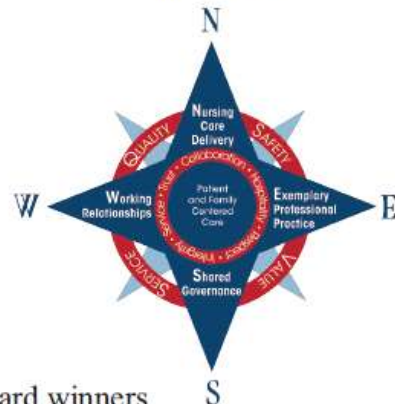
- "The Compass" Introduction to the Professional Nursing Practice Model presentation
8-10 a.m., Hoppe Auditorium
1-3 p.m., Hoppe Auditorium

Thursday, May 5

- Nurses breakfast
7:30-10:30 a.m., Spruce Room
Slide show
Door prizes
Poster display
Donations welcome for Bereavement Box fund
- 5-minute massages
8-10 a.m., Oak Room
- Presentation of Nursing Research, EBP, Daisy and poster award winners
9 a.m., Spruce Room
- Family Feud Championship game
10 a.m., Spruce Room
- "The Compass" Introduction to the Professional Nursing Practice Model presentation
10 a.m. to noon, Hoppe Auditorium
2-4 p.m., Hoppe Auditorium

Friday, May 6

- "The Compass" Introduction to the Professional Nursing Practice Model presentation
8-10 a.m., Hoppe Auditorium
- Special treats delivered to nursing areas



Journal Review: The Importance of Assessing Sexuality: A Patient Perspective

Nadine Z. Southard MSN, FNP-BC, OCN & Jill Keller MSN, FNP-BC, OCN
Clinical Journal of Oncology Nursing, Volume 13, Number 2 (April 2009), 213 – 217.
 Review by Pamela Rickbeil MSN, RN, CNS

Many individuals, including nurses, make assumptions about sexuality in our patients. If the patient is young or single, it is assumed the patient is not sexually active and, therefore, not interested in an assessment of their sexual pattern. If the patient is older, single (by widowhood or divorce), or physically impaired by illness or injury, it is assumed that the patient is no longer interested in sexuality or wishes to be asked questions about sexual identity or sexual practices. Many nurses would rather just not “talk about it” or open the possibility of discussing sexual matters with their patients. In this study, 52 patients completing (or having completed) treatment for cancer – shared their thoughts about the need for sexuality assessment and sexuality education by the nurses or physicians that cared for them.

The reason why sexuality assessment is avoided is due to many reasons. Nurse discomfort with the sensitive topic, an expectation that patients do not want to address their sexuality concerns, and lacking knowledge of how to initiate such a conversation are most frequently stated reasons for deferring or omitting this topic when assessing patients.

A convenience sample of fifty-five patients was asked to participate in an open ended survey to determine the need for sexuality assessments in patients with cancer by two nurses in Connecticut. Fifty-two patients agreed to participate – all were currently receiving or had recently completed chemotherapy, radiation therapy, or hormonal treatment – 46 were women and 6 were men. Respondents between 23-84 years of age with varying cancer diagnoses with an average age of 57 years.

Patients were first asked to define sexuality – and the themes identified differed between women and men. The themes identified by women revolved around body image, a desire to remain appealing to their partners, maintaining femininity, love, sex, and intimacy. Sexuality themes for men included maintaining normal relationships, physical touch and arousal. Both men and women felt love was an integral part of their sexuality. Being able to love one’s self for who they are is instrumental in feeling attractive to others.

Sources of Sexuality Discussions	Yes	No
Has your nurse discussed your sexuality concerns or issues with you during treatment or follow-up?	9	43
Has your physician discussed your sexuality concerns or issues with you during treatment or follow-up?	12	40

Importance of Discussing Sexuality	# of Pts	Avg Age	Men (%)	Women (%)
Very Important	7	39	33.3	10.9
Important	11	56	-	23.9
Somewhat Important	4	50	33.3	4.3
Not Important	20	65	33.3	39.1
Unsure of Importance	9	54	-	19.6
Celibate by choice	1	60	-	2.2

When asked, a majority of patients wished nurses or physicians would have discussed with them the physical changes associated with treatment including what happens to the body during treatment (hair loss, infertility, sexual dysfunction, fatigue). Other patients expressed a desire to be informed of the psychological effects of loss of a breast, coping with sexual desires, or changes in emotions about self and others. Many patients stated they “wished they had been asked about their sexuality by their nurse.”

Implications for nurses include confirmation that nurses are not assessing sexuality although patients have an interest in discussing it and that patients notice when a nurse appears to be too busy to be approached or uncomfortable with the subject.

Nurses should find their own comfort zone in approaching patients on sexuality and, at a minimum, allowing patients to express their concerns and questions. Providing holistic care to patients includes taking the time to listen to patient’s concerns and offering the proper information patients need.

Clinical Ladder

Congratulations to the following individuals for achieving/maintaining their Level III and Level IV Clinical Ladder status.

Level IV

Sherri Reischl, RN Emergency Trauma

- Certified Emergency Nurse
- ICU PI Committee Chair
- Ed Day Presenter
- ROE Committee

Level III

Karen Bandar, RN Center for Surgical Care

- Ed Day Presenter: Code Orange Algorithm and System Organizer
- Co-Chair, Perioperative Practice
- Pediatric Task Force

Jeanne Friebe, RN Family Birthing

- Certified International Lactation Consultant/Labor Resource Nurse
- CBT Module: Nipple Shield
- Presenter: Breastfeeding Conference (Lakeview Hospital)

Carrie Gertken, RN Surgery

- Safe Account Committee
- Gallup Project Leader
- BCMA Super User

Joan Hemker, RN Surgery

- ROE
- Ed Day Presenter: Metal Incompatibility
- Preceptor

Bridget Kline, RN Telemetry

- BCMA Super User
- Preceptor
- Community Representative: Dancing Exercise

Sharon Ogle, RN Emergency Trauma

- LEAN Project: After-visit Summary Poster
- PI Committee
- Community Representative: First Aid Provider; Elementary School Vision and Hearing Screening

Karen Rademacher, RN Family Birthing

- Presenter: Leopold's Maneuver Station
- Poster Presenter: Safe Handwashing
- BCMA Super User

Theresa Reichert, RN Emergency Trauma

- Sigma Theta Tau Member
- Nitrous Administration Policy Documentation
- Community Representative: CARITAS, ASSACCU

Educational/Professional Developmental Programs

June 2011

- 8 NRP Online/Megacode, 12:30-2:00 pm, Birch Room, SCH
- 16 NRP Renewal Course, 9:00am-12:00pm, SCH Conference Center
- 21 NRP Initial Course, 9:00 am-4:00 pm, SCH Conference Center
- 30/1 Basic ECG, 8:00 am-4:00 pm, Skyview Conference Room, SCH

July 2011

- 7 EPIC Renew, 8:00 am, 2:00 pm, 4:15 pm, Cedar Room
- 11 Stable Initial Course, 7:15 am-5:30 pm, Hughes/Mathews Room Plaza
- 12 NRP Online/Megacode, 9:00 am-10:30 am, Birch Room
- 14 NRP Online/Megacode, 9:00am-10:30pm, Oak Room
- 21 EPIC Renew, 8:00 am, 2:00 pm, 4:15 pm, Cedar Room
- 28/29 Basic ECG, 8:00 am-4:00 pm, Skyview